Surveyor copy.

SH0221AD0001 / Hin Lung Workshop
ENTRY DATE & TIME: 13/10/2021 14:11 (SGT)
SUBMITTED BY: Ong Puay Keng
VERSION: 1 (13/10/2021 14:11 (SGT))

Your NCD will be affected due to late reporting

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	13/10/2021 14:11 (SGT)
Date of Accident	11/10/2021 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Serangoon Road (opposite Tekka)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT6433K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mohamed Bin Mohamed Jalil
NRIC No	S6930218A
Email Address	md69jedi@gmail.com
Mobile Phone No	(Phone) +65-82603086
Alternative Phone No	+65-86008071

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel 1.5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA577356
Cover Note Number	-

DRIVER

Name of Driver	Mohamed Bin Mohamed Jalil
NRIC No	S6930218A

Date Of Birth	20/08/1969
Occupation	Outdoor
Date Of Driving Pass	31/07/1994
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82603086
Alt. Phone Number	+65-86008071
Email Address	md69jedi@gmail.com
Address	Bik 188C Bedok North Street 4 #06-98
Address complement	-
Postcode	463188
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Clariss
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1878S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer , my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

13/10/21

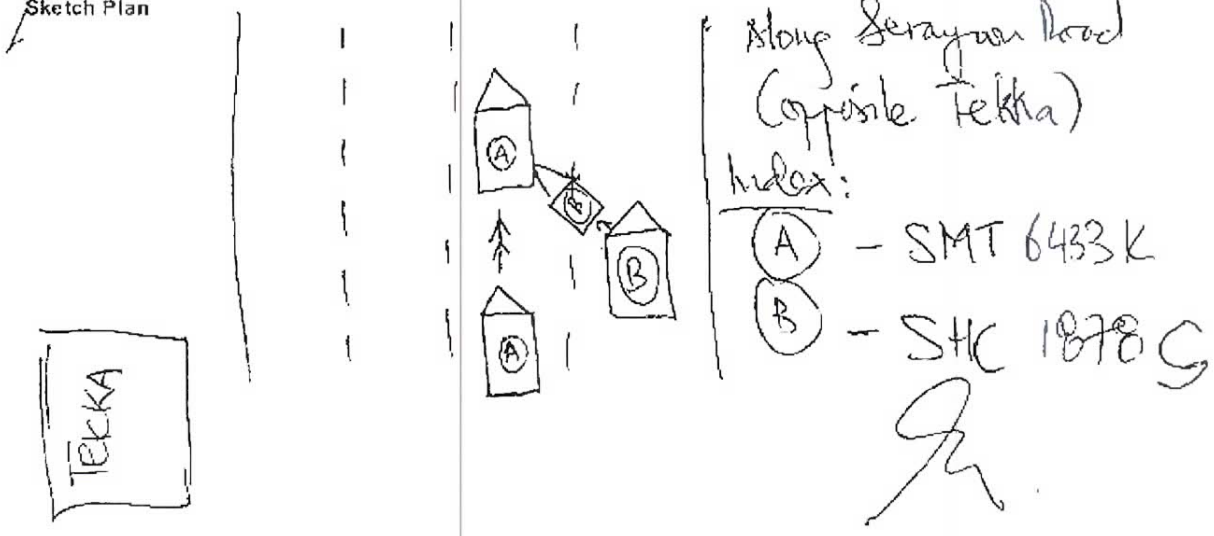
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

HIN LUNG WORKSHOP

Witnessed by Reporting Centre Personnel

Sketch Plan



Name of Driver	Chelva Kumar
NRIC No	S1490990G
Contact Number	(Phone) +65-83166498
Address	Blk 872 Woodland St 81 #02-274
Address complement	-
Postcode	730872
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	Left front (Headlamp side)
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2

Describe Circumstances of the Accident

On 11/10/2021 @ 2050hr, along Serangoon Road towards [illegible] [illegible] opposite Tekka market, whilst on the second lane with traffic crawling, a vehicle (Taxi Comfort, SHC1978S), on the first lane cut into my lane and hit my rear left side, resulting damaged to the rear side door, ~~at~~ fender and tyre (refer to photo and video attached). ~~None~~

No one was injured ~~and~~.

Declaration

I/We declare the foregoing particulars are true in every respect.

13/10/21 @ 0920

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

HIN LUNG WORKSHOP

Witnessed by Reporting Centre Personnel Susan